



EBT DAILY LOG FOR CARD ISSUANCE

State Form 50158 (R / 4-04) / FI 0033

Date (month, day, year)

Office location

| | DATE | CARDHOLDER NAME (Please print) | SIGNATURE | REASON FOR OTC (1, 2, or 3) | CARD NUMBER | ISSUED BY (Initials) |
|-----------------------------------|------|-----------------------------------|-----------|---|-------------|-------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 15. | | | | | | |
| 16. | | | | | | |
| 17. | | | | | | |
| 18. | | | | | | |
| 19. | | | | | | |
| 20. | | | | | | |
| Signature of Inventory Supervisor | | Signature of card issuer | | Reason of over the counter (OTC) 1. Expedited 2. 30 day processing deadline 3. Other county designee determination | | |
| Page | | | | | | |